## BI-WEEKLY EMPLOYEE HIRING FORM



Name (Last, First, Middle):	
Work Location (Building): Cell Phone: ()	
Employee E-mail Address (other than CSC):	
Student Employee/Part-Time Position:	
Mark all applicable Student non-Student W	ork Study Coaching Assistant
Mark as applicable New Hire Returning	
Personnel Number:Start Date	<u>:</u>
Position Number:Cost Center or WBS:  (REQUIRED)  Rate of Pay/Hour: \$Projected Hours/Week:Department:	
Complete the following checklist regarding the student/part-time employee's duties, this information will assist the HR/Payroll office in determining if a background/DMV check is necessary:	
CSC Child Development Center Athletic or Academic camp Event involving minor children (under 19) Access to money or financial information Access to campus master keys Access to confidential student/employee information Athletic staff position	NPAC Staff Coaching Assistant Housing and Residence life Information Technology Security Student Activity Center/ PIT Other (Please indicate below)
Other:	
Name of Time Approver (If Applicable):	
Name of Supervisor:	
Supervisor/Fund Controller Signature:  Typed names not accepted. Please E-sign before emailing to payroll.	<u>Date:</u>
SUPERVISOR EMAIL TO: payroll@csc.edu or return to Sparks Hall 123	

HR USE ONLY

Last date worked:\_\_\_\_\_ Date Received:\_\_\_\_\_